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Bib Data Sheet

CONFIRMATION NO. 8062

SERIAL NUMBER 10712,265	FILING DATE 11/14/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 051438-5002
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>AC</i> Initials: <i>LCN</i>	NC	8	24	2

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TITLE
 Medical vacuum aspiration device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
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